

PUBLIC HEALTH REPORTS

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No. 14

SCARLET FEVER UNUSUALLY PREVALENT.

Since about the first of the year scarlet fever has been unusually prevalent in certain cities. This has been particularly true of cities in the region of the Great Lakes and especially in Detroit. From January 28 to March 24 there were reported in Detroit this year 1,725 cases of scarlet fever. During the corresponding period last year the number reported was 250, approximately seven times as many case being reported this year as last. During the same period there were reported this year in Chicago 4,233 cases and last year 2,166 cases, the number this year being approximately twice that of last year. In Milwaukee there were reported this year, from February 25 to March 24, 518 cases, while last year the number was only 124.

The details of the current prevalence of scarlet fever will be found on pages 520-523.

LONGEVITY.

PEOPLE IN THE COUNTRY LIVE LONGER—WOMEN LIVE LONGER THAN MEN.

On page 502 is reproduced a chart, the purpose of which is to show at a glance some of the interesting facts brought out by the life tables recently prepared for the Bureau of the Census by Prof. James W. Glover. The chart shows the number of persons alive at each age out of 100,000 born (alive) in what are known as the original registration States. It is as though 100,000 persons were kept under observation from the time of birth and each year a count was made of the number still alive. The data are given for white males and white females in both the rural and urban populations and for colored males and colored females in the total population.

The original registration States are Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Indiana, Michigan, and the District of Columbia. The life tables were based upon the population as of July 1, 1910, and on the deaths registered in the years 1909, 1910, and 1911. In the chart,

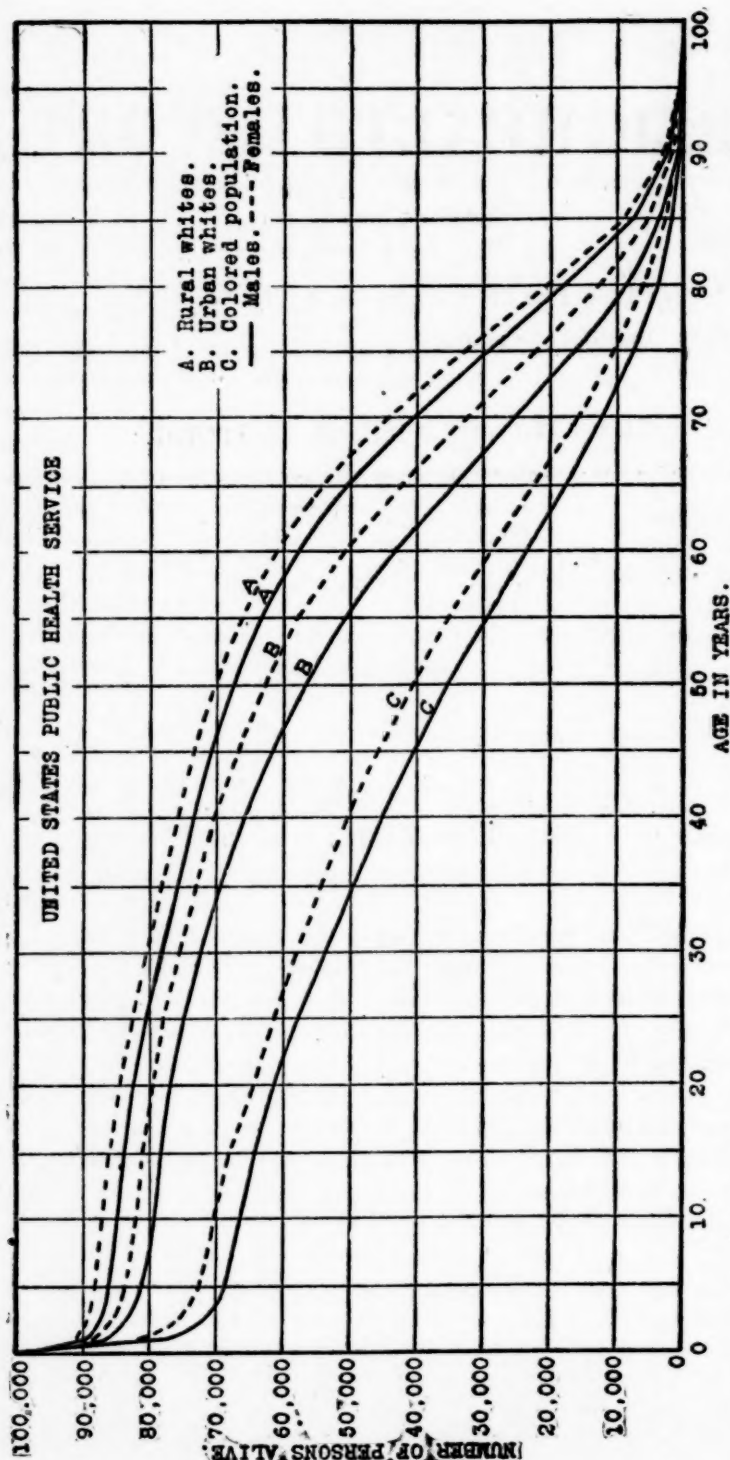


Chart showing the number of white males and white females in both the rural and urban populations, and of colored (negro) males and colored females in the total population, remaining alive at each age out of 100,000 born alive in the "original registration States."—Based upon the "United States life tables: 1910" prepared under the supervision of Prof. James W. Glover for the Bureau of the Census.

the city or urban population is practically that of cities of 10,000 population and over; the rural population is that of cities and towns of less than 10,000 population, together with that outside of cities and incorporated places.

The graphic representation of the essential data by means of the chart makes it possible to see readily the comparative significance of the data for the several population groups.

The facts brought out by the chart are that for each population group the females are longer lived than the males and that of the several population groups the rural lives longer than the urban and the white longer than the colored.

NOTIFICATION OF DISEASE IN FLORIDA.

NEW REGULATIONS, PATTERNED AFTER THE MODEL LAW, ADOPTED FEBRUARY 13, 1917.

Pursuant to the powers delegated to it by chapter 6892, laws of 1915, the State Board of Health of Florida, at its annual meeting February 13, 1917, adopted new regulations requiring the reporting to the State board of health of cases of diseases dangerous to the public health.

The new regulations contain most of the provisions of the model State law for morbidity reports. Changes were made to adapt the law to the purposes of regulations and to existing law and conditions in the State of Florida.

One of the important variations from the model law is that instead of requiring the cases to be reported to the State department of health through local health officers, reports are to be made directly to the State department.

Another departure from the model law is that in reporting the physician is not required to give the specific address of the patient. This would make it difficult for the State department of health in many instances to investigate the cases and make sure that the community at large was being protected. The regulations, however, if enforced, should give to the State department of health at all times trustworthy information of the prevalence and geographic distribution in Florida of the diseases which should be controlled for the preservation and protection of the public health.

The following are the regulations as adopted:

SECTION 1. It being the duty of the State board of health to keep currently informed of the occurrence, geographic distribution, and prevalence of the preventable diseases throughout the State and to prevent the spread of these diseases, and for that purpose the following rules are adopted in accordance with power conferred on the State board of health, as provided by chapter 6892 (No. 86), laws of 1915:

SEC. 2. The following-named diseases and disabilities are hereby declared to be dangerous to the public health and made notifiable, and the occurrence of cases shall be reported as herein provided:

GROUP 1.—*Communicable diseases.*

Anthrax.	Mumps.
Chicken pox.	Ophthalmia neonatorum (conjunctivitis of newborn infants).
Cholera, Asiatic (also cholera nostras when Asiatic cholera is present or its importation threatened).	Paratyphoid fever.
Dengue.	Plague.
Diphtheria.	Pneumonia (acute).
Dysentery:	Poliomyelitis (acute infectious).
(a) Amebic.	Rabies.
(b) Bacillary.	Scarlet fever.
Favus.	Smallpox.
German measles.	Syphilis.
Glanders.	Tetanus.
Gonococcus.	Trachoma.
Hookworm disease.	Trichinosis.
Leprosy.	Tuberculosis (all forms, the organ or part affected in each case to be stated).
Malaria.	Typhoid fever.
Measles.	Typhus fever.
Meningitis:	Whooping cough.
(a) Epidemic cerebrospinal.	Yellow fever.
(b) Tuberculous.	

GROUP 2.—*Miscellaneous diseases.*

Beriberi.

Cancer.

Pellagra.

Provided, That the State board of health may, from time to time, in its discretion, declare additional diseases notifiable and subject to the provisions of these rules and regulations.

SEC. 3. Every person who, in the State of Florida, treats or examines for the purpose of diagnosis or treatment any person suffering from or afflicted with, or who suspects that any person treated or examined by him is suffering from or afflicted with, any of the diseases made notifiable by the preceding section, shall report such case to the State board of health within six hours after making a diagnosis or suspecting the disease to be one required to be reported. Said report shall be transmitted in writing on a blank form provided by section 7 of these rules and regulations; said report shall give the following information which is necessary for the protection of the public health and welfare:

- (1) Date when the report is made.
- (2) The name of the disease or suspected disease.
- (3) The name, sex, color or race, and the county and municipality or voting precinct in which the patient is located at the time the diagnosis is made.
- (4) Age, occupation, school attended, and place of employment of the patient.
- (5) Number of adults and of children in the household.
- (6) Source or probable source of infection or the origin or probable origin of the disease.
- (7) Name and address of the person making the report.
- (8) If the disease is, or suspected to be, smallpox, the report shall, in addition, show whether the disease is of the mild or virulent type and whether the patient has ever

been successfully vaccinated, and if the patient has been successfully vaccinated, the number of times and dates or approximate dates of such vaccination.

(9) If the disease is, or is suspected to be, typhoid fever, scarlet fever or diphtheria, the report shall show whether the patient has been or any member of the household in which the patient resides is engaged or employed in the handling of milk for sale or preliminary to sale.

Provided, That if the person making the report is unable to secure any item or items of information mentioned in paragraphs 4, 5, 6, and 9 of the section without independent inquiry he shall state that fact on the report, by writing the word "Unknown" after each item for which the information can not be obtained.

Employees of the State board of health shall be permitted to make an investigation of the case and secure the information; and it shall be the duty of any person interrogated in relation thereto to answer correctly and to the best of his or her knowledge all questions put to him or her by any such employee which may be calculated to elicit any information needed to verify or complete any report of a case of a known or suspected notifiable disease or to enable measures to be taken to prevent the spread of any such disease.

If the disease is, or is suspected to be, Asiatic cholera, diphtheria, leprosy, bubonic plague, acute poliomyelitis (infantile paralysis), scarlet fever, smallpox, or yellow fever the person required to make the report shall immediately wire the State health officer, collect, giving name and place of person, and the disease from which he suffers, or is afflicted with, or is suspected to be suffering from, or afflicted with.

SEC. 4. The requirements of the preceding section shall be applicable to persons attending patients ill with any of the notifiable diseases in hospitals, asylums, or other institutions, public or private:

Provided, That the executive officer of any institution, public or private, may designate in writing an officer or employee of such hospital, asylum, or other institution to report in place of the attending physician or other person treating or examining the patient in cases of notifiable diseases occurring in or admitted to said hospital, asylum, or other institution in the same manner as that prescribed for persons treating or examining patients. When designation has been made as above provided, it shall be the duty of such designated officer to report all cases of notifiable diseases occurring in or admitted to such hospital, asylum, or other institution in same manner as that prescribed for persons treating or examining patients.

SEC. 5. Whenever a person is known, or suspected, to be afflicted with a notifiable disease, or whenever the eyes of any infant two weeks of age becomes reddened, inflamed, swollen, or contains an unnatural discharge, and no physician is in attendance, an immediate report of the existence of the case shall be made to the State health officer by the midwife; if no midwife is in attendance, said report shall be made by the father, mother, or other person in charge of the patient, each in the order named.

SEC. 6. Every teacher and every person in charge of any public or private school, including Sunday schools, shall report immediately to the State health officer each and every case which he or she knows or suspects to be a case of a notifiable disease in persons attending or employed in his or her school.

SEC. 7. The written reports of cases of notifiable diseases required by these rules and regulations of persons treating or examining persons afflicted with disease shall be made upon blanks and forms supplied by the State health officer.

SEC. 8. Any person who shall fail, neglect, or refuse to comply with or who shall violate any of the provisions of these rules and regulations shall be deemed guilty of a misdemeanor and upon conviction thereof, shall be punished by a fine of not less than \$5, nor more than \$100, as provided in section 22 of chapter 6892 (No. 86), laws of 1915, under which authority all rules and regulations governing morbidity reports were adopted.

SEC. 9. These rules and regulations shall take effect June 1, 1917, and all rules and regulations or parts of rules and regulations inconsistent with the provisions of these rules and regulations are hereby repealed. No provision of these rules and regulations shall be construed as an attempt to appeal or amend any statute, or part thereof, requiring the reporting of diseases.

A PROGRAM OF PUBLIC HEALTH FOR CITIES.¹

By W. C. RUCKER, Assistant Surgeon General, United States Public Health Service.

Considered in its broadest sense, the ultimate reason for cities is public health. Every other reason for which mankind collects itself into more or less permanent aggregations is subsidiary to the basic idea of community protection and betterment of every sort. This protection is external, against the outside world, and internal, each individual against the entire collection of individuals. Since every action which produces a betterment of the conditions under which the community lives and works gives a definite reaction in increased health, it is at once seen that a public health program for cities is in reality nothing more nor less than a complete plan for communal existence.

The collection of individuals into communities without the direct interposition of health protective measures is possible up to the biological limit of individuals per acre. The moment that concentration is increased beyond this point there is increased opportunity for promiscuity with a coincident intercommunication of disease and reduction of the acreage ratio below the biological limit. Therefore, in order that man may dwell in a concentration greater than the biological limit, it is necessary that artificial safeguards be thrown about him.

These safeguards take the form of those general community measures which must be exercised by the entire machinery of city government and those special measures which are exercised by health departments. Of the two, those exercised by the community machinery as a whole are of far greater importance. Health departments, for the most part, operate in end results. Under the present system, disease must appear before it can be attacked, the municipal policy being one of eradication rather than prevention. This is to be expected in cities which maintain fire departments for the purpose of extinguishing fires rather than to prevent them, and under this system it would be more logical to call the health department the disease department. Until there is a basic change, health departments can do little more than scratch the surface of disease prevention because their authority deals with the actualities rather than with the potentialities of disease.

¹ Read before the public health administrators' section, American Public Health Association, Cincinnati, Ohio, Oct. 24, 1916.

The entire community machinery by cooperation, on the other hand, possesses power to strike health hazards at their very root, to throttle at their inception those elements of municipal life which are the great producers of sickness, misery, inefficiency, and premature death. Furthermore, it is possible in this way to create and follow out a definite community policy of which health shall be a basic part. Heretofore the protection of health has been considered a function residing wholly in the health department as though health did not as vitally concern the other departments of the city government. The public health program of the future embraces the coordination of the entire municipal machinery and the cooperation of the whole community.

Unfortunately health has been considered in the past solely as a medical problem and the pendulum has been enthusiastically swung so far that health is almost regarded as an artificial state to be achieved and maintained solely through the interposition of medical safeguards. With entire consistence the health wardenship of cities has been committed solely to physicians, those who by training have been taught to consider the pathological in human life, the symptomatology and evidences of disease rather than the great basic, underlying, essential factors which enter into and are the vital part in the creation, spread, and perpetuation of sickness. Expert knowledge of disease is absolutely necessary for the work of health departments but can not be the foundation of a broad municipal health policy. Public health is something more than a mere absence of disease. It is the physiological functioning of the community.

From the foregoing it may be deduced that the first and most important thing in a public health program for cities is a definite municipal public health policy which shall embrace every department of the city government. In order that such plan may be put into operation it is necessary that there be a central focus which shall receive impulses from all of the departments and radiate them to the points where they will react with the greatest benefit to the public health. This is in effect the creation of a public-health center in the city's brain. If we are to expect active interdepartmental cooperation it is necessary that all of the departments shall be in close touch and that there shall be a medium whereby they can communicate. More than this, if we are to expect the mass of the citizenship to join in this cooperation, there must be some means whereby this shall be achieved.

The keyword in this public-health policy is cooperation, cooperation having as its basis the full recognition of the fact that in its last analysis the health problem is an economic problem and as such can not be solved without careful consideration of the economies of the community. There has been a great deal said about the purchasa-

bility of health. This pleasing catchword has generally been interpreted as meaning that if the general public would give sufficient funds to the health department it would receive health in exchange. Used in this way the phrase is incorrect because physical health can no more be purchased than spiritual health, and in both cooperation is a prerequisite to salvation. If we consider that health is purchasable by the full-pay envelope whose contents are outlaid for proper food, clothing, housing, and all that goes with them, then indeed is public health purchasable, but this requires the cooperation of the city and its citizens, the aim of this cooperation being the prevention of the shrinkage in the purchasing power of the contents of the pay envelope.

The heart of the program lies in the central cooperating focus. The details of the program will adjust themselves without friction if this point be well determined. This comprehends both the office and the man. The office must be removed from politics; its compensation should be sufficient to render its holder above influence; its tenure should be indefinite; it should have both executive and advisory functions, its advisory functions touching every part of the judicial, legislative, and executive functions of the city government. In this way the courts in making decisions and fixing precedents having a bearing upon health, can and should receive expert advice. No legislation should be enacted by the city council without the advice of its health-coordinating focus. To it the executive branches of the city government should refer all matters and plans of policy in order that all may be integrated for health. The direct and indirect authority vested in this office is great and far-reaching.

The man to fill this office must be many sided and he must be able to view health with a broad-angle vision, realizing that his duties are not only to keep an entire municipality from being sick, but, what is of infinitely greater importance, to keep the body politic in such a condition that its functionation is at the highest degree of physiological efficiency. He must be able to visualize the fact that the least common denominator of health is the purchasing power of a day's labor. His type of mind should be that which characterizes the presidents of the great universities, a combination of catholicity of mental development with creative imagination.

This officer should be the health commissioner; the central cooperating focus should be the health department. Not the health commissioner as we know him now; not the health department as it exists to-day, but a health department enlarged and expanded in power to such an extent that it can and should be able to reach out and touch the every activity of the city government and harmonize the whole for the increase of health. Health departments nowadays err in one of two directions: Either they undertake to absorb and

control executive functions which are not properly theirs—for example, plumbing inspection, garbage destruction, and the like—or they try to limit their activities to such a narrow field that they confine their radius of action to the actualities of disease. The president of a great university does not and should not undertake the teaching of the technicalities of Greek, but he should be able to mold it into the curriculum so as to create healthy-minded education. In the same way, the health commissioner need not and should not be responsible for the operation of water-filtration plants, but he should be able to assemble them into the city's health machinery.

Since concentration is inversely as the transportation facilities, the health department should be the first to be consulted in any plans for the increase of rapid transit. All of the problems connected with streets, with housing, industrial conditions, playgrounds, parks, schools, all of these bear an intimate relation to health and as such should come within the purview of the health commissioner. The police, now almost solely occupied in the prevention of crime and the maintenance of peace, should be a powerful agency for health. In fact, there is no branch of the city government which can not and should not be coordinated into the health program.

In a 15-minute paper it is impossible even to mention the multiplicity of details which must enter into the carrying out of a public-health program for cities. More than this, it is not desirable, even if time sufficed. The extent to which the influence of a given agency shall reach is directly dependent upon the mental caliber of its directing head, in other words, upon the fundamental idea from which springs the entire train of thought and all the ramifications thereof. The essential element in a public-health program for cities is a definite public-health policy which shall bring the health agency into close touch with every activity of communal existence; not a policy which endeavors alone to prevent those diseases which are caused by vegetable and animal parasites, but one which aims at the control of that greater body of destructive agencies, human parasites. Not a policy which tries to control the insanitary tenement yet leaves out of consideration the cupidity which fixes its rent, but a public-health policy which shall embrace the entire political economy of disease, a policy which shall be as broad and far-reaching as human nature, since, after all, human nature is the groundwork from which arises the fabric of the public health.

PREVALENCE OF DISEASE.

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.

UNITED STATES.

CEREBROSPINAL MENINGITIS.

State Reports for February, 1917.

Place.	New cases reported.	Place.	New cases reported.
Connecticut:		Kansas:	
Fairfield County—		Cherokee County—	
Bridgeport.....	4	Columbus.....	1
Ridgefield.....	1	Ford County—	
Hartford County—		Wright.....	5
Farmington.....	1	Gray County—	
Hartford.....	18	Cimarron.....	1
Manchester.....	1	Wyandotte County—	
West Hartford.....	2	Kansas City.....	6
New Haven County—		Total.....	13
Naugatuck.....	3		
Wallington.....	1	Mississippi:	
New Haven.....	2	Copiah County.....	1
Total.....	33	Hinds County.....	1
		Noxubee County.....	1
Iowa:		Total.....	3
Harrison County.....	1		
Scott County.....	2		
Total.....	3		

City Reports for Week Ended Mar. 17, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.....	2	1	Manchester, N. H.....	1	1
Birmingham, Ala.....	1		Milwaukee, Wis.....	1	
Boston, Mass.....	3		New Haven, Conn.....	1	
Bridgeport, Conn.....	1		New York, N. Y.....	7	3
Chicago, Ill.....	8	5	Orange, N. J.....	2	
Cincinnati, Ohio.....	1	1	Philadelphia, Pa.....	12	9
Cleveland, Ohio.....	4	6	Pittsburgh, Pa.....	1	
Columbus, Ohio.....	1		Providence, R. I.....	1	
Dayton, Ohio.....	1		Quincy, Ill.....	1	1
Detroit, Mich.....	2	1	St. Louis, Mo.....	5	2
Duluth, Minn.....	1		Salt Lake City, Utah.....	1	
Fall River, Mass.....		1	Toledo, Ohio.....	1	
Hartford, Conn.....	10	1	Washington, D. C.....	1	
Indianapolis, Ind.....	3		Wheeling, W. Va.....		1
Lincoln, Nebr.....	1		Wilmington, Del.....	1	
Los Angeles, Cal.....	3	2	York, Pa.....	1	
Lowell, Mass.....	1				

DIPHTHERIA.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 520.

ERYSIPELAS.**City Reports for Week Ended Mar. 17, 1917.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.	3		Newark, N. J.	11	
Birmingham, Ala.		1	Newton, Mass.	1	
Boston, Mass.		2	New York, N. Y.		14
Bridgeport, Conn.	2		Niagara Falls, N. Y.	1	1
Brockton, Mass.	2		Omaha, Nebr.	2	
Buffalo, N. Y.	6		Orange, N. J.		1
Butler, Pa.	1		Pasadena, Cal.	1	
Chicago, Ill.	58	5	Philadelphia, Pa.	27	
Cincinnati, Ohio.	3		Pittsburgh, Pa.	14	1
Cleveland, Ohio.	8	2	Portland, Me.	2	
Dayton, Ohio.	1		Portland, Oreg.	1	
Detroit, Mich.	10		Providence, R. I.		1
Duluth, Minn.	2		Reading, Pa.	2	
Erie, Pa.	3		Rochester, N. Y.	4	
Flint, Mich.	2	1	St. Louis, Mo.	19	4
Harrisburg, Pa.	1		San Diego, Cal.	3	1
Hartford, Conn.	1		San Francisco, Cal.	3	1
Jackson, Mich.	2		Schenectady, N. Y.	1	1
Kalamazoo, Mich.	3	1	Somerville, Mass.		1
Lorain, Ohio.	1		Williamsport, Pa.	2	
Milwaukee, Wis.	10	2	York, Pa.	1	

LEPROSY.**City Report for Week Ended Mar. 17, 1917.**

During the week ended March 17, 1917, one case of leprosy was reported in New York, N. Y.

MALARIA.**State Reports for February, 1917.**

Place.	New cases reported.	Place.	New cases reported.
Kansas:		Mississippi—Continued.	
Butler County—		Hinds County	97
Douglass	1	Holmes County	267
Mississippi:		Issaquena County	16
Adams County	18	Itawamba County	13
Alcorn County	11	Jackson County	25
Amite County	40	Jasper County	43
Attala County	38	Jefferson County	52
Bolivar County	378	Jefferson Davis County	9
Calhoun County	33	Jones County	99
Carroll County	24	Lafayette County	29
Chickasaw County	8	Lamar County	33
Choctaw County	27	Lauderdale County	45
Claiborne County	41	Lawrence County	25
Clarke County	25	Lee County	61
Clay County	16	Le Flore County	207
Coahoma County	276	Lincoln County	30
Copiah County	49	Lowndes County	5
Covington County	40	Madison County	21
De Soto County	26	Marion County	53
Forrest County	98	Marshall County	35
Franklin County	50	Monroe County	20
George County	19	Montgomery County	11
Greene County	4	Neshoba County	45
Grenada County	40	Newton County	16
Hancock County	49	Noxubee County	27
Harrison County	78	Oktibbeha County	34
		Panola County	31

MALARIA—Continued.**State Reports for February, 1916—Continued.**

Place.	New cases reported.	Place.	New cases reported.
Mississippi—Continued.		Mississippi—Continued.	
Pearl River County.....	7	Tippah County.....	17
Perry County.....	14	Tishomingo County.....	16
Pike County.....	11	Tunica County.....	113
Pontotoc County.....	30	Union County.....	11
Prentiss County.....	13	Walthall County.....	13
Quitman County.....	72	Warren County.....	170
Rankin County.....	5	Washington County.....	132
Scott County.....	19	Wayne County.....	16
Sharkey County.....	82	Webster County.....	15
Simpson County.....	39	Wilkinson County.....	3
Smith County.....	13	Winston County.....	15
Stone County.....	76	Yalobusha County.....	60
Sunflower County.....	345	Yazoo County.....	245
Tallahatchie County.....	75		
Tate County.....	118	Total.....	4,473

City Reports for Week Ended Mar. 17, 1917.

During the week ended March 17, 1917, one case of malaria was reported in Berkeley, Cal., two cases in Birmingham, Ala., one case in New Orleans, La., and one case in Somerville, Mass.

MEASLES.**California—Los Angeles.**

Senior Surg. Brooks reported that during the week ended March 24, 1917, 320 cases of measles were notified in Los Angeles, Cal. Two hundred and forty-eight cases were reported during the previous week.

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 520.

PELLAGRA.

Mississippi Report for February, 1917.

Place.	New cases reported.	Place.	New cases reported.
Mississippi:		Mississippi—Continued.	
Adams County.....	1	Lincoln County.....	4
Amite County.....	3	Lowndes County.....	2
Attala County.....	3	Marion County.....	4
Bolivar County.....	14	Marshall County.....	4
Carroll County.....	1	Monroe County.....	5
Chickasaw County.....	3	Montgomery County.....	1
Choctaw County.....	1	Neshoba County.....	6
Claiborne County.....	1	Newton County.....	1
Clay County.....	5	Noxubee County.....	6
Coahoma County.....	25	Pearl River County.....	1
Copiah County.....	1	Pike County.....	1
Covington County.....	4	Rankin County.....	1
De Soto County.....	2	Scott County.....	4
Forrest County.....	10	Sharkey County.....	1
George County.....	2	Simpson County.....	4
Hancock County.....	2	Sunflower County.....	5
Harrison County.....	6	Tallahatchie County.....	2
Hinds County.....	16	Tippah County.....	2
Holmes County.....	5	Tishomingo County.....	2
Issaquena County.....	1	Warren County.....	6
Itawamba County.....	5	Washington County.....	7
Jasper County.....	2	Wayne County.....	2
Jones County.....	2	Winston County.....	3
Lafayette County.....	1	Yazoo County.....	12
Lamar County.....	1	Stone County.....	1
Lauderdale County.....	8	Walthall County.....	6
Lee County.....	7		
Leflore County.....	3	Total.....	218

City Reports for Week Ended Mar. 17, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Birmingham, Ala.....	2		Mobile, Ala.....	1	1
Charleston, S. C.....		1	Nashville, Tenn.....		1
Fort Worth, Tex.....		1	New Orleans, La.....	1	1
Los Angeles, Cal.....	1	1	Roanoke, Va.....		1

PLAGUE.

California—San Mateo County—Plague-infected Squirrel Found.

Passed Asst. Surg. Williams reported that a squirrel killed March 16, 1917, in San Mateo County, Cal., 2 miles west of San Mateo, was proved positive for plague infection March 29, 1917.

In June, 1916, a plague-infected squirrel was shot near Redwood City, San Mateo County. This was the first infected squirrel that had been found in this county. San Mateo County had constituted a presumably uninfected barrier between the city of San Francisco and the territory in which infected squirrels were known to be present. Redwood City, where the first squirrel was found, is 20 miles from San Francisco, while the locality where the second squirrel was found near San Mateo is 10 miles nearer the city. If this indicates that the infection is traveling north in San Mateo County, measures will need to be taken to prevent the further spread to the suburbs of San Francisco and the reinfection of the rats in the city.

PNEUMONIA.

City Reports for Week Ended Mar. 17, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Ann Arbor, Mich.	2	—	Newark, N. J.	84	25
Austin, Tex.	1	—	Newburyport, Mass.	1	1
Baltimore, Md.	25	31	New Castle, Pa.	4	—
Binghamton, N. Y.	5	4	Newport, Ky.	1	1
Braddock, Pa.	3	—	Philadelphia, Pa.	130	88
Chicago, Ill.	342	177	Pittsburgh, Pa.	44	36
Cleveland, Ohio.	43	56	Racine, Wis.	1	1
Dayton, Ohio.	4	16	Reading, Pa.	4	2
Detroit, Mich.	10	60	Rochester, N. Y.	11	3
Duluth, Minn.	17	7	Saginaw, Mich.	1	1
Flint, Mich.	6	2	San Diego, Cal.	1	—
Grand Rapids, Mich.	7	5	Sandusky, Ohio.	1	—
Harrison, N. J.	2	—	San Francisco, Cal.	15	10
Jackson, Mich.	1	3	Schenectady, N. Y.	3	—
Kalamazoo, Mich.	4	1	Steeltown, Pa.	1	1
Lancaster, Pa.	1	—	Toledo, Ohio.	4	3
Lincoln, Nebr.	1	2	Wichita, Kans.	1	—
Lorain, Ohio.	3	—	Wilkinsburg, Pa.	1	3
Los Angeles, Cal.	9	3	York, Pa.	1	—
Manchester, N. H.	5	5	Zanesville, Ohio.	1	2

POLIOMYELITIS (INFANTILE PARALYSIS).

State Reports for February, 1917.

Place.	New cases reported.	Place.	New cases reported.
Connecticut:		Kansas:	
Fairfield County—		Pawnee County—	
Bridgeport.....	1	Rozel.....	1
Hartford County—			
New Britain.....	1	Mississippi:	
Windham County—		Bolivar County.....	1
Willimantic.....	1	Tunica County.....	2
Woodstock.....	1	Total.....	3
Total.....	4		
Iowa:			
Dallas County.....	2		
Humboldt County.....	1		
Total.....	3		

City Reports for Week Ended Mar. 17, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Boston, Mass.	2	—	Newton, Mass.	1	—
Chicago, Ill.	1	1	New York, N. Y.	1	—
Galesburg, Ill.	1	—	Philadelphia, Pa.	1	—
New Orleans, La.	—	1			

RABIES IN MAN.

City Report for Week Ended Mar. 17, 1917.

During the week ended March 17, 1917, one death from rabies in man was reported in New York, N. Y.

RABIES IN ANIMALS.**City Reports for Week Ended Mar. 17, 1917.**

During the week ended March 17, 1917, two cases of rabies in animals were reported in Buffalo, N. Y., and three cases in Detroit, Mich.

SCARLET FEVER.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 520.

SMALLPOX.**Connecticut.**

Collaborating Epidemiologist Black reported that during the 14-day period ended March 31, 1917, new cases of smallpox were notified in Connecticut as follows: Naugatuck, 7; Newton, 6; Old Lyme, 3; Southington, 1; Waterbury, 13.

Illinois—Cairo.

Acting Asst. Surg. Barrows reported that a case of smallpox was notified at Cairo, Ill., March 26, 1917.

Minnesota.

Collaborating Epidemiologist Bracken reported that during the week ended March 31, 1917, 9 new foci of smallpox infection were reported in Minnesota, cases of the disease having been notified as follows: Chicago County, Taylor Falls, 2; Clearwater County, Pine Lake Township, 1; Dodge County, Claremont, 1; Hennepin County, Edina, 1, Osseo, 1; Murray County, Lime Lake Township, 1; Pennington County, Thief River Falls, 2; Steele County, Meton Township, 2; Winona County, Norton Township, 1.

Tennessee—Memphis.

Senior Surg. White reported that during the seven days' period ended March 26, 1917, 17 cases of smallpox were notified in Memphis, Tenn.

Texas—Galveston.

Surg. Bahrenburg reported that on March 30, 1917, two cases of smallpox were notified in Galveston, Tex.

Texas—Hill County.

Assistant Surg. Witte reported that during the period from March 1 to 29, 1917, 25 cases of virulent smallpox occurred in the southeastern section of Hill County, Tex.

SMALLPOX—Continued.

Kansas Report for February, 1917.

Place.	New cases reported.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
Kansas:						
Allen County—						
Ellsmore (R. F. D.).....	13				13	
Atchison County—						
Atchison.....	1				1	
Barton County—						
Cliffin.....	2				2	
Holsington.....	5			1	4	
Butler County—						
Augusta (R. F. D.).....	2				2	
Cherokee County—						
Baxter Springs.....	1			1		
Columbus.....	1				1	
Galena.....	1					1
Clay County—						
Clifton (R. F. D.).....	5			1	4	
Vining (R. F. D.).....	2				2	
Cloud County—						
Miltonvale.....	1				1	
Coffey County—						
Leroy (R. F. D.).....	13				13	
Crawford County—						
Arma.....	2				2	
Cherokee.....	1				1	
Franklin.....	1				1	
Doniphan County—						
Denton (R. F. D.).....	1				1	
Doniphan.....	2		1		1	
Highland (R. F. D.).....	1				1	
Severance.....	3				3	
Troy (R. F. D.).....	18			1	17	
Wathena (R. F. D.).....	1				1	
Douglas County—						
Lawrence.....	1				1	
Ellis County—						
Hays.....	2				2	
Gove County—						
Quinter (R. F. D.).....	1				1	
Gray County—						
Ensign.....	1				1	
Labette County—						
Bartlett (R. F. D.).....	1				1	
Parsons.....	8				8	
Linn County—						
La Cygne.....	2				2	
Logan County—						
Russell Springs.....	5				5	
Marion County—						
Florence.....	2				2	
Hillsboro (R. F. D.).....	12				11	1
Marion.....	2				2	
Marshall County—						
Cleburne (R. F. D.).....	2				2	
Vermillion.....	3				3	
Montgomery County—						
Caney.....	3				3	
Nemaha County—						
Baileyville (R. F. D.)...	3				3	
Seneca.....	2				2	
Pratt County—						
Pratt.....	1				1	
Rooks County—						
Zurich (R. F. D.).....	1				1	
Russell County—						
Holsington (R. F. D.)...	1				1	
Sedgwick County—						
Viola (R. F. D.).....	1				1	
Wichita.....	6				6	
Shawnee County—						
Topeka (R. F. D.).....	29				29	

SMALLPOX—Continued.

Kansas Report for February, 1917—Continued.

Place.	New cases reported.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated	Vaccination history not obtained or uncertain.
Kansas—Continued.						
Stevens County—						
Hugoton (R. F. D.).....	1	.....			1	.....
Sumner County—						
Ashton (R. F. D.).....	4	.....			4	.....
Thomas County—						
Colby (R. F. D.).....	5	.....			5	.....
Trego County—						
Wakeeney (R. F. D.).....	6	.....			6	.....
Wabaunsee County—						
Alta Vista.....	3	.....			3	.....
Wyandotte County—						
Bethel.....	1	.....			1	.....
Total.....	185	.....	1	4	179	2

Miscellaneous State Reports.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Connecticut (Feb. 1-28):					
Fairfield County—			Mississippi (Feb. 1-28)—Gen.		
Easton.....	7		De Soto County.....	4	
Fairfield.....	1		Franklin County.....	2	
Stamford.....	1		Grenada.....	2	
Hartford County—			Hinds County.....	1	
Berlin.....	4		Holmes County.....	1	
Litchfield County—			Jones County.....	20	
Torrington.....	4		Lauderdale County.....	15	
Watertown.....	2		Lee County.....	1	
New Haven County—			Madison County.....	4	
Waterbury.....	40		Marshall County.....	2	
New London County—			Monroe County.....	3	
Old Lyme.....	1		Montgomery County.....	5	
Stonington.....	2		Panola County.....	6	
Total.....	62		Pearl River County.....	2	
			Tallahatchie County.....	2	
			Tunica County.....	1	
			Warren County.....	10	
			Webster County.....	2	
			Total.....	92	
Iowa (Feb. 1-28):					
Adams County.....	13		North Dakota (Feb. 1-28):		
Audubon County.....	1		Barnes County.....	1	
Boone County.....	12		Burke County.....	7	
Cherokee County.....	1		Burlleigh County.....	3	
Dallas County.....	2		Cass County.....	3	
Davis County.....	1		Foster County.....	2	
Fremont County.....	2		Grand Forks County.....	1	
Grundy County.....	1		Grant County.....	2	
Henry County.....	7		Kidder County.....	2	
Howard County.....	1		McKenzie County.....	2	
Jasper County.....	1		Morton County.....	10	
Jefferson County.....	1		Oliver County.....	1	
Lee County.....	13		Ramsey County.....	2	
Linn County.....	1		Sioux County.....	1	
Monona County.....	2		Stutsman County.....	2	
Polk County.....	8		Ward County.....	2	
Scott County.....	3		Total.....	41	
Sioux County.....	1				
Story County.....	1		Washington (Feb. 1-28):		
Webster County.....	33		King County—		
Total.....	105		Seattle.....	3	
			Spokane County.....	1	
Mississippi (Feb. 1-28):			Spokane.....	18	
Alcorn County.....	3		Total.....	22	
Attala County.....	1				
Claiborne County.....	1				
Clay County.....	3				
Coahoma County.....	1				

SMALLPOX—Continued.

City Reports for Week Ended Mar. 17, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Austin, Tex.	17	2	Little Rock, Ark.	11	
Baltimore, Md.	1		Madison, Wis.	3	
Butte, Mont.	3		Marquette, Wis.	1	
Cairo, Ill.	1		Minneapolis, Minn.	23	
Canton, Ohio	1		Muscatine, Iowa	1	
Chicago, Ill.	2		Nashville, Tenn.	4	
Cincinnati, Ohio	1		New Castle, Pa.	1	
Cleveland, Ohio	8		New London, Conn.	3	
Columbus, Ohio	1		New Orleans, La.	14	
Covington, Ky.	2		Oklahoma City, Okla.	13	
Danville, Ill.	6		Omaha, Nebr.	4	
Davenport, Iowa	2		Portland, Oreg.	2	
Detroit, Mich.	2		Rockford, Ill.	1	
Duluth, Minn.	2		Rutland, Vt.	1	
Evansville, Ind.	2		St. Louis, Mo.	5	
Flint, Mich.	2		San Francisco, Cal.	2	1
Fort Worth, Tex.	2		Sioux City, Iowa	14	
Galveston, Tex.	1		Springfield, Ill.	1	
Grand Rapids, Mich.	2		Wichita, Kans.	5	
Indianapolis, Ind.	6		Worcester, Mass.	1	
La Crosse, Wis.	2		Zanesville, Ohio	5	

TETANUS.

City Reports for Week Ended Mar. 17, 1917.

During the week ended March 17, 1917, two deaths from tetanus were reported in Charleston, S. C., two deaths in Mobile, Ala., and one case in St. Louis, Mo.

TUBERCULOSIS.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 520.

TYPHOID FEVER.

Colorado—Colorado Springs—Milk-borne Infection.

Dr. O. R. Gillett, health officer of Colorado Springs, reported March 23, 1917, the occurrence of an epidemic of typhoid fever in Colorado Springs, due to milk-borne infection.

State Reports for February, 1917.

Place.	New cases reported.	Place.	New cases reported.
Connecticut:		Hawaii:	
Fairfield County—		Hawaii.....	4
Greenwich.....	2	Hilo.....	1
Norwalk.....	2	Kaui.....	2
Hartford County—		Oahu.....	5
Hartford.....	3	Honolulu.....	5
New Haven County—		Total.....	17
Meriden.....	1		
Orange.....	1		
New London County—		Kansas:	
Jewett City.....	1	Cherokee County—	
New London.....	1	Galena.....	1
Total.....	11	Cheyenne County—	
		St. Francis.....	3

TYPHOID FEVER—Continued.

State Reports for February, 1917—Continued.

Place.	New cases reported.	Place.	New cases reported.
Kansas—Continued.		Mississippi—Continued.	
Clay County—		Lawrence County.....	2
Manchester (R. F. D.).....	1	Lee County.....	9
Cowley County—		Madison County.....	1
Winfield.....	1	Marion County.....	1
Douglas County—		Marshall County.....	2
Lawrence.....	1	Montgomery County.....	1
Edwards County—		Neshoba County.....	2
Kinsley (R. F. D.).....	1	Noxubee County.....	2
Ellsworth County—		Panola County.....	3
Ellsworth.....	1	Pike County.....	1
Franklin County—		Pontotoc County.....	5
Williamsburg (R. F. D.).....	1	Prentiss County.....	1
Gove County—		Rankin County.....	1
St. Peter (R. F. D.).....	1	Scott County.....	2
Greenwood County—		Sharkey County.....	1
Madison.....	1	Simpson County.....	1
Kearney County—		Sunflower County.....	2
Lakin.....	2	Tallahatchie County.....	11
Labette County—		Tate County.....	5
Mound Valley (R. F. D.).....	1	Tippah County.....	4
Leavenworth County—		Tishomingo County.....	1
Leavenworth.....	2	Union County.....	1
Montgomery County—		Warren County.....	34
Caney.....	1	Washington County.....	3
Coffeeville.....	1	Wayne County.....	1
Havana (R. F. D.).....	1	Webster County.....	2
Saline County—		Wilkinson County.....	1
Salina.....	1	Winston County.....	2
Sedgewick County—		Yalobusha County.....	1
Haysville (R. F. D.).....	1	Yazoo County.....	8
Sumner County—		Stone County.....	1
Conway Springs.....	1		
Total.....	23	Total.....	190
Mississippi:		North Dakota:	
Adams County.....	2	Burleigh County.....	2
Amite County.....	3	Grand Forks County.....	1
Attala County.....	4	Nelson County.....	1
Benton County.....	1	Sioux County.....	1
Bolivar County.....	11	Total.....	5
Calhoun County.....	3	Washington:	
Chickasaw County.....	1	Cowlitz County.....	2
Clallam County.....	1	King County—	
Clarke County.....	2	Seattle.....	3
Coalhoma County.....	1	Klickitat County.....	1
Copiah County.....	1	Skagit County.....	1
Covington County.....	1	Mount Vernon.....	3
De Soto County.....	5	Spokane County—	
Forrest County.....	5	Spokane.....	1
Franklin County.....	2	Walla Walla County—	
Hancock County.....	1	Waitsburg.....	6
Harrison County.....	5	Whitman County.....	1
Hinds County.....	4	Garfield.....	1
Holmes County.....	2	Pullman.....	1
Itawamba County.....	1	Yakima County—	
Jasper County.....	1	North Yakima.....	2
Jones County.....	1	Total.....	22
Lafayette County.....	2		
Lamar County.....	2		

TYPHOID FEVER—Continued.

City Reports for Week Ended Mar. 17, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Allentown, Pa.	1		New Orleans, La.	2	1
Ann Arbor, Mich.	1		Newton, Mass.	1	
Baltimore, Md.	3	1	New York, N. Y.	23	3
Birmingham, Ala.	2		Norfolk, Va.	1	
Boston, Mass.	3	2	Oakland, Cal.	1	
Buffalo, N. Y.	2		Perth Amboy, N. J.	1	
Camden, N. J.	1		Philadelphia, Pa.	5	2
Chicago, Ill.	7		Pittsburgh, Pa.	4	
Cleveland, Ohio.	1	1	Portland, Me.	1	
Dayton, Ohio.		1	Reading, Pa.	1	
Detroit, Mich.	5	4	St. Louis, Mo.	8	2
East Chicago, Ind.	3		Salt Lake City, Utah.	5	
El Paso, Tex.	1		San Francisco, Cal.	4	
Erie, Pa.	1		Schenectady, N. Y.	1	
Evansville, Ind.	3		Seattle, Wash.		1
Flint, Mich.	1		Syracuse, N. Y.		1
Jersey City, N. J.	1		Toledo, Ohio.	5	2
Lawrence, Mass.	2		Trenton, N. J.	1	
Lowell, Mass.	1	1	Washington, D. C.	5	
Milwaukee, Wis.	1	1	Williamsport, Pa.	1	
Minneapolis, Minn.	1		Wilmington, Del.	2	2
New Castle, Pa.	5		Zanesville, Ohio.	3	

TYPHUS FEVER.

City Report for Week Ended Mar. 17, 1917.

During the week ended March 17, 1917, four cases of typhus fever were reported in El Paso, Tex.

PREVENTABLE DISEASES.

Massachusetts Report for Week Ended Mar. 17, 1917.

	Cases reported.		Cases reported.
Anthrax	1	Polioomyelitis (infantile paralysis)	2
Cerebrospinal meningitis	6	Scarlet fever	146
Chicken pox	227	Septic sore throat	5
Diphtheria	197	Smallpox	1
Dog bite	3	Trichiniasis	1
German measles	130	Tuberculosis (pulmonary)	156
Malaria	1	Tuberculosis (other forms)	27
Measles	639	Typhoid fever	19
Mumps	233	Whooping cough	97
Ophthalmia neonatorum	38		

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

State Reports for February, 1917.

State.	Cases reported.			State.	Cases reported.		
	Diphtheria.	Measles.	Scarlet fever.		Diphtheria.	Measles.	Scarlet fever.
Connecticut	179	600	116	Mississippi	56	7,596	31
Hawaii	14	15		North Dakota	36	167	62
Iowa	34		139	Washington	22	4,387	97
Kansas	76	2,499	377				

DIPHThERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended Mar. 17, 1917.

City.	Popula- tion as of July 1, 1916 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.		
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
Over 500,000 inhabitants:											
Baltimore, Md.	589,621	241	16	1	78	3	10		21	34	
Boston, Mass.	756,476	266	85	6	142	1	41		69	30	
Chicago, Ill.	2,497,722	902	210	22	980	8	706	32	234	85	
Cleveland, Ohio.	674,073	242	32		134	1	26		32	28	
Detroit, Mich.	571,784	250	105	6	48	1	327	6	33	15	
Los Angeles, Cal.	503,812	139	16		248		12		73	19	
New York, N. Y.	5,602,841	1,588	293	35	899	13	197	6	376	220	
Philadelphia, Pa.	1,709,518	685	88	12	123	9	26		109	73	
Pittsburgh, Pa.	579,090	234	22	1	118	2	15		21	30	
St. Louis, Mo.	737,309	291	92	7	612	14	73	1	73	25	
From 300,000 to 500,000 inhabitants:											
Buffalo, N. Y.	468,538	190	23	3	11		7	1	27	24	
Cincinnati, Ohio.	410,476	152	14	2	48	1	16	2	24	25	
Jersey City, N. J.	306,345		11		7		25		15		
Milwaukee, Wis.	436,535	131	7	1	32	2	138	1	14	6	
Minneapolis, Minn.	363,454		16		20		31				
Newark, N. J.	408,894		11	1	153		24		52	24	
New Orleans, La.	371,747	148	5		94	3	2		37	38	
San Francisco, Cal.	463,516	161	20	3	384	3	89		29	24	
Seattle, Wash.	348,639	41			119		6		17	2	
Washington, D. C.	363,980	117	24	1	94		13		22	8	
From 200,000 to 300,000 inhabitants:											
Columbus, Ohio.	214,878	71	5	1	140	7	6	1	7	6	
Denver, Colo.	260,800	69	5		578	3	2			12	
Indianapolis, Ind.	271,708		18		367				17		
Portland, Oreg.	295,463	52			69	2	12	1			
Providence, R. I.	254,960	88	18	2	6	1	7			9	
Rochester, N. Y.	256,417	81	8	3	6	1	37	2	10	8	
From 100,000 to 200,000 inhabitants:											
Albany, N. Y.	104,199		4		12		4		10		
Birmingham, Ala.	181,762		3		369	6	1		11	12	
Bridgeport, Conn.	121,579	48	6		17		5		7	7	
Cambridge, Mass.	112,981	29	10		39		5		7	5	
Camden, N. J.	106,233		4				3		3		
Dayton, Ohio.	127,224	77	8		78		11		7	5	
Fall River, Mass.	128,366	50	5		63	1			14	8	
Fort Worth, Tex.	104,562	22			37					3	
Grand Rapids, Mich.	128,291	44	2		185		6		2	2	
Hartford, Conn.	110,900	52	7		5		6		3	3	
Lawrence, Mass.	100,560	30	1	1	1		3		4	2	
Lowell, Mass.	113,245	47	9		15		4		5	5	
Lynn, Mass.	102,425	31	4		3		2		5	3	
Nashville, Tenn.	117,037	35	1		85				4	1	
New Bedford, Mass.	118,158	49	1		18		2		15	7	
New Haven, Conn.	149,685		3		99		1		10	4	
Oakland, Cal.	198,604	14			54		15		7	6	
Omaha, Nebr.	165,470		3		47		26				
Reading, Pa.	109,381	40	3				2		4	1	
Richmond, Va.	156,687	63			139		2		11	6	
Salt Lake City, Utah.	117,399	25			26		21				
Springfield, Mass.	105,942	31	10		5		8		4	5	
Syracuse, N. Y.	155,624	54	6		65	1	42		7	9	
Toledo, Ohio.	191,554	79	4	1	20		79	1	8	6	
Trenton, N. J.	111,593	42	7	1					13	6	
Worcester, Mass.	163,314	63	2		2		11		8	8	
From 50,000 to 100,000 inhabitants:											
Allentown, Pa.	63,505	19	2		1		2		1		
Atlantic City, N. J.	57,660	9	1		83		3		5		
Bayonne, N. J.	69,893		2				3				
Berkeley, Cal.	57,653	11			44		2		3		
Binghamton, N. Y.	53,973	26	5		32		7		5	1	
Brockton, Mass.	67,449	11	1		1		1		2		
Canton, Ohio.	60,852	16			1		4		1		
Charleston, S. C.	60,734	32	3		3					4	
Covington, Ky.	57,144	13	2		1		2		2	5	
Duluth, Minn.	94,495	8	1		13		7		3	3	
Elizabeth, N. J.	86,690		8		2		3				

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended Mar. 17, 1917—Continued.

City.	Popula- tion as of July 1, 1916 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.		
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
From 50,000 to 100,000 inhabit- ants—Continued.											
El Paso, Tex.	63,705	39	2		28		9		10	34	
Erie, Pa.	75,195		1		22		1		1	8	
Evansville, Ind.	76,078	36	4	1	144	2	1		6	2	
Flint, Mich.	54,772	24	4		8		25		1	2	
Fort Wayne, Ind.	76,183	24	2				1		1		
Harrisburg, Pa.	72,015	31			4		1		5	3	
Hoboken, N. J.	77,214	18	2		1		8		6	4	
Johnstown, Pa.	68,529	20	5		16		3		1		
Lancaster, Pa.	50,853				12						
Little Rock, Ark.	57,343	28			52		1				
Malden, Mass.	51,155	7	1		3		1		2	1	
Manchester, N. H.	78,283	35	1		1		1		5	5	
Mobile, Ala.	58,221	14			43						
New Britain, Conn.	53,794	1	2		2		2			2	
Norfolk, Va.	89,612	6	2		55		2		1	2	
Oklahoma City, Okla.	92,943	12	2		35				1	1	
Passaic, N. J.	71,744	20	2				1		2	4	
Pawtucket, R. I.	59,411	19	4	1							
Portland, Me.	63,867	22			2						
Rockford, Ill.	55,185	10			11		2			1	
Sacramento, Cal.	66,895	28			6		3	1	2	1	
Saginaw, Mich.	55,642	19	4	1			23		1	1	
San Diego, Cal.	53,330	21	1		26		1		10	12	
Schenectady, N. Y.	99,519	22	3		94		3		2	3	
Sioux City, Iowa.	57,078		1				2				
Somerville, Mass.	87,039	23	9	1	5		13		4		
South Bend, Ind.	68,946	11			5		19		1		
Springfield, Ill.	61,120	18	2	1	3						
Troy, N. Y.	77,916		1		76	2	6		2	3	
Wichita, Kans.	70,722				145		1		1	2	
Wilkes-Barre, Pa.	76,776	28	2		3	1	1		4	2	
Wilmington, Del.	94,265	34	1				2				
York, Pa.	51,656		2		3		1				
From 25,000 to 50,000 inhab- itants:											
Alameda, Cal.	27,732	7			3		5		2	1	
Austin, Tex.	34,814	14					1			1	
Brookline, Mass.	32,730	4	2		5		1		1		
Butler, Pa.	27,632	7								1	
Butte, Mont.	43,425	37	1	1	6						
Chelsea, Mass.	46,192	15	2		1		1		2	1	
Chicopee, Mass.	29,319	8	3							1	
Cumberland, Md.	26,074	8	2		12		1		2	2	
Danville, Ill.	32,261	8			15		3				
Davenport, Iowa.	48,811		3				2				
Dubuque, Iowa.	39,873		2		5		2		4	4	
East Chicago, Ind.	28,743				9		3	1		1	
East Orange, N. J.	42,458		7	2	12		3		3		
Elgin, Ill.	28,203	7	1		25		2				
Everett, Mass.	39,235	11	3		4		2		1	2	
Everett, Wash.	35,486	1			37						
Fitchburg, Mass.	41,781	7	3		6		3		1		
Galveston, Tex.	41,863	19					2		1	1	
Haverhill, Mass.	48,477		3		7		5			2	
Jackson, Mich.	35,363	15	7		33		6		1	2	
Kalamazoo, Mich.	48,886	15			1		9		2		
Kenosha, Wis.	31,576	4	1	1	4						
Kingston, N. Y.	26,771	11			1					1	
Knoxville, Tenn.	38,676				8				3		
La Crosse, Wis.	31,677	14	2				9				
Lexington, Ky.	41,097	13			21		1			1	
Lima, Ohio.	35,384	12	2	2			2			2	
Lincoln, Nebr.	46,515	17			82	1	40				
Long Beach, Cal.	27,587	8			2		1		1	1	
Lorain, Ohio.	36,964				7		4		1		
Lynchburg, Va.	32,940	11	2		10					1	
Madison, Wis.	30,699				4		8		2		
McKeesport, Pa.	47,521	19	2		5		1			1	
Medford, Mass.	26,234	6									

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended Mar. 17, 1917.

City.	Popula- tion as of July 1, 1916 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.		
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
From 25,000 to 50,000 inhabit- ants—Continued.											
Montclair, N. J.	26,318	3			3		3		2		
Nashua, N. H.	27,327	13			20						
Newburgh, N. Y.	29,603	17	2		1		1				
New Castle, Pa.	41,133		1		15						
Newport, Ky.	31,927	9	1								
Newport, R. I.	30,168	5	1								
Newton, Mass.	43,715	10			44						
Niagara Falls, N. Y.	37,353	14	1		6		4				
Norristown, Pa.	31,401	9			1						
Ogden, Utah.	31,404	5			21		6				
Orange, N. J.	33,080	15			6				4		
Pasadena, Cal.	46,450	16			5		1		3		
Perth, Amboy, N. J.	41,185		1				3		2		
Pittsfield, Mass.	38,629	15					1		3		
Portsmouth, Va.	39,651	11	3		13		3				
Quincy, Ill.	36,798	23	1		12						
Quincy, Mass.	38,136	16	1						2		
Racine, Wis.	46,486	14					4				
Roanoke, Va.	43,284	13			99				2		
San Jose, Cal.	38,502				8						
Steubenville, Ohio.	27,445	14									
Superior, Wis.	46,226	7					1				
Taunton, Mass.	36,283	13							1		
Topeka, Kans.	48,726	11			63		1				
Waltham, Mass.	30,559	9	1	1			7				
Watertown, N. Y.	23,894	9			3						
West Hoboken, N. J.	43,139	10			2		1		3		
Wheeling, W. Va.	43,377	19			3	1			2		
Williamsport, Pa.	33,809		4		23		1		1		
Wilmington, N. C.	27,892	9			13						
Winston-Salem, N. C.	31,155	19	1		25		4		6		
Zanesville, Ohio.	30,863	13							5		
From 10,000 to 25,000 inhab- itants:											
Ann Arbor, Mich.	14,979	10					18		11	2	
Braddock, Pa.	21,310		1				1				
Cairo, Ill.	15,503	9			46						
Clinton, Mass.	13,075	1			6						
Coffeyville, Kans.	16,765				6				2		
Concord, N. H.	22,480	11	2		1		7				
Galesburg, Ill.	23,923	3	3		3						
Harrison, N. J.	16,555		1						1		
Kearny, N. J.	22,753	6	3	1			1		1		
Kokoma, Ind.	20,312	9	1		4						
Long Branch, N. J.	15,057	7	1		5		1				
Marinette, Wis.	14,610	4			1						
Morristown, N. J.	13,158	9	1				1				
Muscatine, Iowa.	17,500				2						
Nanticoke, Pa.	22,441	6									
Newburyport, Mass.	15,195	12	1	1	12						
New London, Conn.	20,771	8	2		1		1		1		
North Adams, Mass.	12,019	10			7				3		
Northampton, Mass.	19,846	2			2		4		1		
Plainfield, N. J.	23,280	9	1				2		1		
Rocky Mount, N. C.	12,067	7			1				5		
Rutland, Vt.	14,624	6	1		2		6				
Sandusky, Ohio.	20,193	14									
Saratoga Springs, N. Y.	12,842	9					1				
Steelton, Pa.	15,337	8							3		
Wilkinsburg, Pa.	22,361	8			3		1		3		
Woburn, Mass.	15,802	8									

¹ Population Apr. 15, 1910; no estimate made.

FOREIGN.

AUSTRALIA.

Quarantine Station Established—Western Australia.

By proclamation published February 8, 1917, a quarantine station was established for vessels, persons, and cargoes at Garden Island, Cockburn Sound, Western Australia.

CUBA.

Quarantine on Account of Yellow Fever Removed.

Quarantine measures imposed at Cuban ports on account of yellow fever have been declared out of force as follows:

Measures imposed September 29, 1916,¹ against arrivals from ports in the State of Vera Cruz, Mexico, removed March 19, 1917.

Measures imposed November 21, 1916,² against arrivals from the island of Martinique removed March 20, 1917.

GREAT BRITAIN.

Plague-Infected Rat—Liverpool.

The finding of a plague-infected rat at Duke's Dock, Southbend, Liverpool, England, was reported March 28, 1917.

UNION OF SOUTH AFRICA.

Plague—Orange Free State.

An outbreak of plague has been reported in Winburg district, Orange Free State. From February 5 to 11, 1917, 6 cases with 2 deaths were notified. The cases occurred among natives on a farm.

¹ Public Health Reports, Oct. 13, 1916, p. 2889.

² Public Health Reports, Dec. 8, 1916, p. 3373.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER.

Reports Received During the Week Ended Apr. 6, 1917.¹

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Calcutta.....	Jan. 17-20.....		29	Dec. 17-23, 1916: 1 case.
Madras.....				Nov. 1-31, 1916: Cases, 151;
Indo-China:				deaths, 114.
Provinces—				
Anam.....	Nov. 1-30.....	36	23	
Cambodia.....	do.....	72	50	
Kwang-Tcheou-Wan.....	do.....	27	27	
Laos.....	do.....	14	14	
Tonkin.....	do.....	2		
Japan:				
Taiwan Island—				
Keelung.....	Feb. 18-24.....		1	
Persia:				
Mazanderan Province—				
Amol.....	Nov. 16.....			Epidemic.
Ferikenar.....	Nov. 30.....	8	8	

PLAGUE.

Brazil:				
Bahia.....	Feb. 18-24.....	1	1	
Egypt.....				Jan. 1-Feb. 16, 1917: Cases, 14;
Alexandria.....	Feb. 21.....	1		deaths, 6.
Port Said.....	Feb. 20.....	1		
Provinces—				
Fayoum.....	Feb. 16.....	1	1	Septicemic.
Minieh.....	Feb. 9.....	1	1	
India:				
Madras.....				Jan. 14-20, 1917: Cases, 17,275;
Madras Presidency.....				deaths, 13,685.
Indo-China:				Dec. 17-30, 1916: Cases, 1; deaths,
Provinces—				2.
Anam.....	Nov. 1-30.....	10	7	Dec. 17-30, 1916: Cases, 1,851;
Cambodia.....	do.....	9	8	deaths, 1,255.
Cochin-China.....	do.....	3	1	Nov. 1-30, 1916: Cases, 24; deaths,
Kwang-Tcheou Wan.....	do.....	2	2	18.
Japan:				
Taiwan Island—				
Shirin.....	Feb. 18-24.....	1	1	3 miles from Taihoku, capital
Java:				city.
East Java.....				Dec. 2-15, 1916: Cases, 18; deaths,
Kediri Residency.....	Dec. 2-15.....	1	1	1.
Samarang Residency.....	do.....	3	3	
Surabaya Residency.....	do.....	14	13	
East Java.....				Dec. 19-31, 1916: Cases, 14;
Djocjakarta Residency.....	Dec. 18-31.....	1	1	deaths, 14.
Kediri Residency.....	do.....	1	1	
Samarang Residency.....	do.....	3	3	
Surabaya Residency.....	do.....	5	5	
Surakarta Residency.....	do.....	4	4	
Straits Settlements:				
Singapore.....	Jan. 28-Feb. 3.....	2	2	
Union of South Africa:				
Orange Free State—				
Winburg district.....	Feb. 5-11.....	6	2	On a farm.

¹ From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received During the Week Ended Apr. 6, 1917—Continued.

SMALLPOX.

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Chungking.....	Jan. 28-Feb. 3.....			Present.
Dairen.....	Feb. 11-17.....	3	2	
Tsingtao.....	Feb. 18-21.....	14	2	
France:				
Marseille.....	Feb. 1-28.....		2	
Paris.....	Jan. 14-20.....		1	
Great Britain:				
Liverpool.....	Feb. 25-Mar. 3.....	1		Contact case.
India:				
Madras.....	Dec. 17-30.....	13	11	
Indo-China:				Nov. 1-30, 1916: Cases, 129;
Provinces—				deaths, 37.
Anam.....	Nov. 1-30.....	57	20	
Cochin-China.....	do.....	70	17	
Tonkin.....	do.....	2		
Japan:				
Home.....	Jan.-Feb.....			Present.
Hyogo.....	do.....			Do.
Kagawa.....	do.....			Do.
Kobe.....	Feb. 19-25.....	5	1	
Kochi.....	Jan.-Feb.....			Do.
Osaka.....	Feb. 6-20.....	52	12	
Java:				
East Java.....	Dec. 10-31.....	10		
Mid-Java.....	Dec. 2-29.....	66	6	
West Java.....				Dec. 15-28, 1916: Cases, 43
Batavia.....	Dec. 22-28.....	6	1	deaths, 7.
Do.....	Dec. 29-Jan. 11.....	22	1	
Russia:				
Riga.....	Dec. 31-Jan. 27.....	4		
Sweden:				
Gothenburg.....	Jan. 28-Feb. 3.....		1	
Turkey in Asia:				
Trebizond.....	do.....		2	
Venezuela:				
Maracaibo.....	Mar. 3-17.....		17	

TYPHUS FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Tsingtao.....	Feb. 18-24.....	1		
Java:				
East Java.....	Dec. 10-16.....	1		
Mid-Java.....	Dec. 2-23.....	22		
West Java.....				Dec. 15-28, 1916: Cases, 26;
Do.....				deaths, 1.
Batavia.....	Dec. 15-28.....	15	1	Dec. 29-Jan. 18, 1917: Cases, 53
Do.....	Dec. 29-Jan. 18.....	42	1	deaths, 2.
Turkey in Asia:				
Trebizond.....	Jan. 28-Feb. 3.....		2	

Reports Received from Dec. 30, 1916, to Mar. 30, 1917.

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
Chosen (Korea).....	Aug.-Dec. 29.....	1,998		
India:				
Bassein.....	Dec. 31-Jan. 6.....		1	
Bombay.....	Nov. 5-Dec. 23.....	13	12	
Do.....	Jan. 14-Feb. 3.....	6	5	
Calcutta.....	Oct. 15-Dec. 30.....		161	Oct. 8-14, 1916: Cases, 3.
Do.....	Dec. 31-Jan. 6.....		20	
Madras.....	Nov. 5-Dec. 16.....	5		
Do.....	Dec. 31-Jan. 27.....	5	4	
Moulmein.....	Dec. 31-Jan. 6.....		1	
Rangoon.....	Nov. 26-Dec. 30.....	5	6	
Do.....	Dec. 31-Jan. 27.....	4	4	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from Dec. 30, 1916, to Mar. 30, 1917—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Indo-China.....				June 1-30, 1916: Cases, 1,904; deaths, 1,250.
Do.....				July 1-Oct. 31, 1916: Cases, 2,756; deaths, 2,240.
Provinces—				
Anam.....	June 1-30.....	446	367	
Do.....	July 1-Oct. 31.....	637	506	
Cambodia.....	June 1-30.....	13	9	
Do.....	July 1-Oct. 31.....	68	49	
Cochin-China.....	June 1-30.....	137	76	
Do.....	July 1-Sept. 30.....	98	59	
Kouang-Tcheou-Wan.....	July 1-Oct. 31.....	244	237	
Laos.....	June 1-30.....	40	29	
Do.....	July 1-Oct. 31.....	638	616	
Tonkin.....	June 1-30.....	1,276	775	
Do.....	July 1-Oct. 31.....	996	725	
Saigon.....	Dec. 25-31.....	4	3	
Do.....	Jan. 29-Feb. 4.....	3	3	
Japan:				
Fukuoka.....	Jan. 19.....	33	.....
Nagasaki.....	Nov. 27-Dec. 3.....	9	4	
Do.....	Feb. 19-25.....	1	1	
Osaka.....	Nov. 16-Dec. 25.....	23	57	Aug. 13-Dec. 25, 1916: Cases, 971; deaths, 754.
Do.....	Dec. 26-Jan. 25.....	19	10	Jan. 6-16, 1917: Cases, 9. Aug. 14, 1916-Jan. 25, 1917: Cases, 990; deaths, 641.
Taiwan Island—				
Keelung.....	Nov. 13-Dec. 23.....	5	7	
Taihoku.....	do.....	14	5	
Tokyo.....	Jan. 23-Feb. 4.....	4	.....
Yokohama.....	Nov. 6-Dec. 3.....	5	3	
Districts.....	do.....	1	1	
Java:				
East Java.....	Oct. 14-17.....	5	3	
West Java.....				
Batavia.....	Nov. 17-Dec. 7.....	23	9	Nov. 17-Dec. 11, 1916: Cases, 135; deaths, 65.
Philippine Islands:				
Manila.....	Oct. 29-Dec. 30.....	201	70	Not previously reported: Cases, 51; deaths, 2.
Do.....	Dec. 31-Feb. 3.....	11	5	
Provinces.....				Oct. 29-Dec. 9, 1916: Cases, 4,191; deaths, 2,030. Dec. 17-30, 1916: Cases, 282; deaths, 188. Dec. 31, 1916-Feb. 10, 1917: Cases, 938; deaths, 707.
Albay.....	Oct. 29-Dec. 9.....	246	147	
Do.....	Dec. 17-30.....	20	10	
Do.....	Dec. 31-Feb. 10.....	47	43	
Antique.....	Nov. 18-25.....	8	7	
Do.....	Dec. 31-Feb. 10.....	30	23	
Bataan.....	Oct. 29-Dec. 9.....	93	77	
Do.....	Dec. 17-23.....	2	2	
Do.....	Dec. 31-Jan. 6.....	2	3	
Batangas.....	Oct. 29-Nov. 18.....	1	1	
Bohol.....	Oct. 29-Dec. 9.....	46	18	
Do.....	Dec. 17-23.....	1	.....
Bulacan.....	Oct. 29-Dec. 9.....	96	67	
Do.....	Dec. 17-23.....	10	6	
Camarines.....	Oct. 29-Dec. 9.....	61	37	
Capiz.....	do.....	45	34	
Do.....	Dec. 17-30.....	27	23	
Do.....	Dec. 31-Feb. 10.....	96	64	
Cavite.....	Oct. 29-Dec. 9.....	156	113	
Do.....	Dec. 17-30.....	24	13	
Do.....	Dec. 31-Feb. 10.....	45	33	
Cebu.....	Dec. 24-30.....	12	6	
Do.....	Jan. 7-13.....	4	2	
Iloilo.....	Oct. 29-Dec. 9.....	237	148	
Do.....	Dec. 17-30.....	37	31	
Do.....	Dec. 31-Feb. 10.....	51	44	
Laguna.....	Nov. 2-25.....	12	10	
Leyte.....	Oct. 29-Dec. 9.....	127	98	
Do.....	Dec. 17-30.....	90	62	
Do.....	Dec. 31-Feb. 10.....	296	234	
Masbate.....	Dec. 17-23.....	8	2	
Mindanao.....	Jan. 14-Feb. 3.....	25	18	
Mindoro.....	Dec. 31-Feb. 3.....	8	7	
Misamis.....	Oct. 29-Dec. 9.....	126	79	
Do.....	Dec. 17-30.....	17	12	
Do.....	Jan. 1-Feb. 10.....	31	23	
Negros Occidental.....	Oct. 29-Dec. 9.....	910	553	
Do.....	Dec. 24-30.....	11	5	
Do.....	Jan. 7-Feb. 10.....	51	46	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from Dec. 30, 1916, to Mar. 30, 1917—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Philippine Islands—Continued.				
Provinces—Continued.				
Pampanga.....	Dec. 3-9.....	4	3	
Do.....	Dec. 17-23.....	6	5	
Do.....	Dec. 31-Jan. 6.....	1	1	
Rizal.....	Oct. 29-Dec. 9.....	27	14	
Do.....	Dec. 17-30.....	4	—	
Do.....	Dec. 31-Jan. 27.....	2	—	
Romblon.....	Jan. 28-Feb. 3.....	9	2	
Samar.....	Nov. 5-18.....	13	10	
Do.....	Dec. 31-Feb. 3.....	165	123	
Sorsogon.....	Oct. 29-Dec. 2.....	131	71	
Do.....	Dec. 17-23.....	1	2	
Do.....	Jan. 21-Feb. 10.....	67	38	
Tayabas.....	Nov. 5-18.....	1	1	
Zambales.....	Oct. 29-Dec. 2.....	7	1	
Straits Settlements:				
Singapore.....	Oct. 22-28.....	2	2	
Do.....	Jan. 7-13.....	1	1	
Turkey in Asia.....				
Aleppo.....	Dec. 9-15.....	—	1	Sept. 22-Dec. 12, 1916: Cases, 258; deaths, 117. July 14-Dec. 25, 1916: Cases, 9,542; deaths, 4,897.
Bagdad.....	Nov. 6-30.....	17	6	
Beirut.....	Dec. 7-12.....	2	1	
Tarsus.....	Nov. 7.....	1	1	
Turkey in Europe:				
Constantinople.....	Oct. 1-Nov. 17.....	8	1	

PLAGUE.

Brazil:				
Bahia.....	Nov. 5-Dec. 16.....	15	9	Jan. 1-Nov. 11, 1916: Cases, 14; deaths, 7. Nov. 5-11: Cases, 4; deaths, 2.
Do.....	Jan. 7-27.....	3	2	June 1-Nov. 6, 1916: Cases, 67; deaths, 51.
Joazeiro.....	.....	.....	.....	Present in interior cities.
Pernambuco, State.....	Feb. 16.....	.....	.....
Ceylon:				
Colombo.....	Oct. 28-Dec. 30.....	50	30	July 23-29, 1916: Cases, 9; deaths, 8.
Do.....	Dec. 31-Jan. 27.....	18	16	
Chile:				
Tocopilla.....	Sept. 12.....	1	1	
China:				
Amoy, vicinity.....	Nov. 19-Dec. 2.....	.....	.....	Present.
Hongkong.....	Dec. 21-30.....	1	1	
Do.....	Jan. 21-Feb. 3.....	24	12	Present in vicinity.
Kansu Province—	.....	.....	.....
Taochow.....	Oct. 1-24.....	.....	20	Pneumonic. Reported present in other localities in Province.
Ecuador.....				
Duran.....	Oct. 1-Dec. 31.....	2	.....	Sept. 1-Dec. 31, 1916: Cases, 353; deaths, 119.
Guayaquil.....	Sept. 1-Dec. 31.....	347	116	Jan. 1-31, 1917: Cases, 104; deaths, 43.
Do.....	Jan. 1-31.....	104	43	
Milagro.....	Nov. 1-Dec. 31.....	2	1	
Naranjal.....	Jan. 1-31.....	1	.....
Nobol.....	Oct. 1-31.....	1	1	
Santa Rosa.....	Sept. 1-30.....	1	1	
Taura.....	Jan. 1-31.....	1	.....
Egypt.....				
Alexandria.....	Nov. 12-Dec. 25.....	4	3	Jan. 1-Dec. 30, 1916: Cases, 1,702; deaths, 828. Jan. 1-Feb. 1, 1917: Cases, 7; deaths, 2.
Port Said.....	Dec. 11.....	1	.....	1 case on s. s. Proton, arrived Nov. 16, 1916, from Sidi Barani and Solhum.
Do.....	Jan. 18-23.....	4	1	
Provinces—				
Beni-Souef.....	Feb. 1.....	1	.....
Fayoum.....	Jan. 24.....	1	.....
Minieh.....	Jan. 25.....	1	1	
Hawaii:				
Panalo.....	Mar. 7.....	1	1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from Dec. 30, 1916, to Mar. 30, 1917—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
India				Oct. 15-Dec. 23, 1916: Cases, 89,512; deaths, 67,068. Dec. 31, 1916-Jan. 13, 1917: Cases, 30,487; deaths, 23,538. Jan. 21-27, 1917: Cases, 15,872; deaths, 12,783.
Bassein	Oct. 22-Dec. 30		7	
Do.	Dec. 31-Jan. 13		8	
Bombay	Nov. 5-Dec. 30	73	50	Oct. 8-14 1916: Cases, 13; deaths 7. Received out of date, Original report lost on s. s. Arabia.
Do.	Dec. 31-Feb. 3	58	52	
Karachi	Oct. 23-Dec. 23	3	2	
Do.	Dec. 24-30	1	1	
Do.	Dec. 31-Feb. 3	3	2	
Madras	Nov. 19-Dec. 16	6	3	Oct. 8-14, 1916: Cases, 1; deaths, 1.
Do.	Dec. 31-Feb. 3	5	3	
Madras Presidency	Nov. 5-Dec. 16	4,003	2,677	Oct. 8-14, 1916: Cases, 534; deaths 353. Sept. 17-23, 1916: Cases, 429; deaths, 280.
Do.	Dec. 31-Feb. 3	3,705	2,485	
Mandalay	Oct. 28-Dec. 30		3	
Moulmein	Dec. 3-9		1	
Prome	Oct. 22-Dec. 30		177	
Do.	Dec. 31-Jan. 13		49	
Rangoon	Oct. 28-Dec. 30	43	39	Oct. 1-7, 1916: Cases, 9; deaths, 9.
Do.	Dec. 31-Jan. 27	70	65	
Toungoo	Oct. 22-Dec. 30		12	
Do.	Dec. 31-Jan. 13		4	
Indo-China				June 1-30, 1916: Cases, 75; deaths, 5. July 1-Oct. 31, 1916: Cases, 191; deaths, 112.
Provinces—				
Anam	June 1-30	27	10	
Do.	July 1-Oct. 31	69	40	
Cambodia	June 1-30	17	16	
Do.	July 1-Oct. 31	38	36	
Cochin-China	June 1-30	31	18	
Do.	July 1-Oct. 31	55	21	
Kouang-Teheou-Wan	July 1-31	27	6	
Tonkin	Oct. 1-31	2		
Saigon	Nov. 6-Dec. 17	9	3	
Do.	Jan. 1-Feb. 4	10	7	
Japan:				
Nagoya	Dec. 10-16	2		
Yokkaichi	Nov. 12-Dec. 16	32	12	
Java:				
East Java				Aug. 26-Dec. 1, 1916: Cases, 101; deaths, 101.
Djocja Residency	Nov. 4-17	1	1	
Kediri Residency	Aug. 20-Nov. 3	18	16	
Madioen Residency	do.	8	8	
Paseroean Residency	do.	3	3	
Surabaya Residency	Aug. 25-Dec. 1	30	31	
Surakarta Residency	do.	24	24	
Mid-Java—				
Samarang	do.	1	1	
Siam:				
Bangkok	Oct. 22-Dec. 30	12	10	
Do.	Jan. 14-20	1	1	
Straits Settlements:				
Singapore	Oct. 22-Dec. 30	7	7	
Do.	Dec. 31-Jan. 13	5	4	
Union of South Africa:				
Cape of Good Hope State—				
Uitenhage district	Oct. 31-Nov. 12	2	2	Total, Oct. 23-Nov. 12, 1916. Cases, 24; deaths, 13.
Transvaal—				
Potchefstroom district	Dec. 21-Jan. 11	12	11	On two adjoining farms.

SMALLPOX.

Australia:			
New South Wales—			
Coonamble	Dec. 8	1	
Austria-Hungary:			
Austria—			
Vienna	Nov. 12-Dec. 9	8	1
Hungary—			
Budapest	Nov. 5-Dec. 23	73	2
Do.	Dec. 31-Jan. 20	18	3
Brazil:			
Bahia	Nov. 12-Dec. 23	5	
Do.	Jan. 7-Feb. 10	4	
Rio de Janeiro	Nov. 12-Dec. 30	50	12
Do.	Dec. 31-Feb. 10	83	24

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from Dec. 30, 1916, to Mar. 30, 1917—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Canada:				
Alberta—				
Lethbridge.	Feb. 1-28.	2		
British Columbia—				
Vancouver.	Feb. 18-24.	1		
Victoria.	Feb. 11-17.	1		
Manitoba—				
Winnipeg.	do.	3		
Ontario—				
Kingston.	Mar. 11-17.	1		
Sarnia.	Jan. 28-Feb. 19.	3		
Toronto.	Jan. 28-Mar. 17.	3		
Ceylon:				
Colombo.	Dec. 31-Jan. 6.	1		
China:				
Amoy.	Oct. 31-Dec. 9.			Present. Dec. 10-16, 1916: Cases, 3.
Antung.	Jan. 8-14.	2	1	
Canton.	Nov. 1-Dec. 29.		14	
Chungking.	Oct. 28-Dec. 30.			Present.
Do.	Dec. 31-Jan. 27.			Do.
Dairen.	Nov. 5-Dec. 30.	63	8	
Do.	Dec. 31-Feb. 10.	36	14	In vicinity, Jan. 14-20, 1917, 1 case.
Foochow.	Oct. 29-Dec. 16.			Present.
Harbin.	Nov. 6-Dec. 17.	3		
Hongkong.	Oct. 28-Dec. 30.	349	243	
Do.	Dec. 31-Feb. 3.	324	274	Present in vicinity.
Kwangtung Province—				
Chaoyang district.	Jan. 21-27.			Present. Vicinity of Swatow.
Mukden.	Dec. 9-30.			Do.
Do.	Dec. 31-Feb. 10.			Do.
Nanking.	Nov. 12-25.			Do.
Shanghai.	Jan. 28-Feb. 3.	1		
Tientsin.	Dec. 17-30.	1	1	
Do.	Jan. 28-Feb. 3.	2		
Tsingtao.	Dec. 1-9.	3		
Do.	Dec. 28-Feb. 17.	44		
Colombia:				
Espinal.	Feb. 17.			Present. Suburb of Cartagena.
Cuba:				
Casa Blanca.	Jan. 12.	1		Vicinity of Habana. Case landed Jan. 1, 1917, from s. s. Alfonso XII from Santander, Spain.
Encrucijada.	Jan. 10.	1		In Santa Clara Province. Case landed from s. s. Montevideo from Barcelona, via Las Palmas, Canary Islands, and Porto Rico; arrived at Habana Jan. 6, 1917.
Guanabacoa.	Jan. 9.	1		Vicinity of Habana. Case landed from s. s. Montevideo.
Habana.	Jan. 10-20.	2		At Mariel quarantine station. From s. s. Montevideo.
Ecuador:				
Guayaquil.	Nov. 1-30.	10	1	
Egypt:				
Alexandria.	Dec. 25-31.		3	
Do.	Jan. 8-Feb. 11.	2	1	
Cairo.	June 11-July 1.	50	20	
Do.	July 2-Oct. 21.	60	20	
Port Said.	June 11-17.	1	1	
Do.	Aug. 20-Sept. 9.	2	1	
France:				
Marseille.	Oct. 1-Dec. 31.		16	
Paris.	Dec. 17-23.	1		
Germany:				
Bremen.	Dec. 31-Jan. 20.	2		
Hamburg, district.	do.	52		
Great Britain:				
Liverpool.	Feb. 4-24.	2	1	
Greece:				
Athens.	Jan. 1-15.		5	
Hawaii:				
Honolulu.	Jan. 9.	1		From s. s. Tenyo Maru from oriental ports.
Do.	Jan. 24.	1		From s. s. Ecuador from Hongkong.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from Dec. 30, 1916, to Mar. 30, 1917—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Bombay.....	Dec. 10-30.....	5	1	Oct. 8-14, 1916: Cases, 3; deaths, 3. Received out of date. Original report lost on s. s. Arabia.
Do.....	Dec. 31-Feb. 3.....	35	12	
Calcutta.....	Nov. 5-Dec. 2.....		2	
Karachi.....	Dec. 31-Jan. 13.....	2		
Madras.....	Nov. 5-Dec. 16.....	22	8	
Do.....	Dec. 31-Feb. 3.....	57	17	
Moulmein.....	Oct. 28-Nov. 14.....		4	
Rangoon.....	Oct. 28-Dec. 30.....	17	1	
Do.....	Dec. 31-Jan. 27.....	3	1	
Indo-China:				
Provinces—				June 1-30, 1916: Cases, 53; deaths, 11. July 1-Oct. 31, 1916: Cases, 228; deaths, 94.
Anam.....	June 1-30.....	4	1	
Do.....	July 1-Oct. 31.....	36	12	
Cambodia.....	June 1-30.....	11	4	
Do.....	July 1-Oct. 31.....	16	8	
Cochin-China.....	June 1-30.....	19	5	
Do.....	July 1-Oct. 31.....	114	42	
Laos.....	Aug. 1-Oct. 31.....	39	16	
Tonkin.....	June 1-30.....	19	1	
Do.....	July 1-Oct. 31.....	12	5	
Saigon.....	Nov. 6-Dec. 31.....	28	7	
Do.....	Jan. 1-Feb. 4.....	48	14	
Italy:				
Turin.....	Feb. 19-25.....	5	1	Roumanian refugees.
Japan:				
Kobe.....	Nov. 28-Dec. 10.....	4	1	
Do.....	Jan. 1-Feb. 18.....	49	12	
Osaka.....	Jan. 22-Feb. 5.....	90	11	
Java:				
East Java.....				Sept. 16-Dec. 1, 1916: Cases, 82; deaths, 2.
Surabaya.....	Nov. 4-10.....	1		Sept. 16-Dec. 1, 1916: Cases, 161; deaths, 18.
Mid-Java.....				Sept. 29-Dec. 14, 1916: Cases, 366; deaths, 56.
Smarang.....	Nov. 4-10.....	3		Present; also present in vicinity.
West Java.....				
Batavia.....	Sept. 29-Dec. 14.....	48	8	
Mexico:				
Durango.....	Feb. 17.....			
Mexico City.....	Dec. 10-30.....	20		
Do.....	Dec. 31-Mar. 3.....	72		
Nuevo Laredo.....	Dec. 10-30.....	1		
Vera Cruz.....	Feb. 18-24.....		1	
New Zealand:				
Auckland.....	Feb. 4-10.....	4		
Norway:				
Trondhjem.....	Jan. 1-31.....	2		
Philippine Islands:				
Manila.....	Jan. 21-Feb. 10.....	12		July 30-Dec. 30, 1916: Cases, 10.
Portugal:				
Lisbon.....	Nov. 19-Dec. 2.....	6		
Portuguese East Africa:				
Lourenco Marques.....	Sept. 1-30.....		1	
Russia:				
Archangel.....	Nov. 25-Dec. 29.....	6	1	
Do.....	Jan. 1-14.....	10	3	
Moscow.....	Oct. 16-Dec. 18.....	95	23	Nov. 13-25, 1916: Cases, 35; deaths, 8.
Petrograd.....	Oct. 8-Dec. 30.....	180	65	
Vladivostok.....	Jan. 22-28.....	1		
South Africa:				
Johannesburg.....	Nov. 26-Dec. 2.....	15		
Spain:				
Cadiz.....	Nov. 1-Dec. 31.....		3	
Madrid.....	do.....		144	Jan. 1-Dec. 31, 1916: Deaths, 405.
Do.....	Jan. 1-31.....		35	
Malaga.....	Sept. 1-Nov. 30.....		15	
Seville.....	Nov. 1-30.....		22	
Do.....	Jan. 1-31.....		9	
Valencia.....	Nov. 19-Dec. 23.....	5	1	
Do.....	Jan. 14-Feb. 10.....	3		
Straits Settlements:				
Penang.....	Oct. 28-Dec. 30.....	16	3	
Do.....	Dec. 31-Jan. 6.....	6	1	
Singapore.....	Nov. 19-Dec. 30.....	3	2	
Do.....	Jan. 7-13.....	1	1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from Dec. 30, 1916, to Mar. 30, 1917—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Switzerland:				
Basel.....	Nov. 5-11.....	1		
Do.....	Dec. 31-Feb. 10.....	19		
Tunisia:				
Tunis.....	Nov. 25-Dec. 15.....	51	27	
Do.....	Dec. 30-Feb. 23.....	61	18	
Turkey in Asia:				
Trebizond.....	Nov. 11-Dec. 30.....	1	1	
Do.....	Dec. 31-Jan. 6.....	5	2	
Union of South Africa:				
Johannesburg.....	Sept. 10-Dec. 30.....	45		
Do.....	Dec. 31-Jan. 13.....	1		
On vessel:				
S. S. Nippon Maru.....	Jan. 22.....	2		Landed at Yokohama quarantine.
Do.....	Jan. 24-Feb. 3.....	9	3	En route to Honolulu. Vessel from oriental ports.

TYPHUS FEVER.

Argentina:				
Rosario.....	Nov. 1-30.....		1	
Austria-Hungary:				
Austria—				
Vienna.....	Nov. 5-Dec. 30.....	21	2	
Do.....	Dec. 31-Jan. 20.....	6	2	
Hungary—				
Budapest.....	Nov. 5-Dec. 30.....	3	1	
Do.....	Jan. 14-20.....	10	3	
Belgium:				
Ghent.....	Oct. 29-Nov. 4.....		1	
Liege.....	do.....		1	
Do.....	Jan. 28-Feb. 3.....		1	
China:				
Antung.....	Nov. 27-Dec. 10.....	6		
Do.....	Jan. 15-21.....	2		
Hankow.....	Nov. 12-18.....	1		
Tientsin.....	Oct. 29-Nov. 4.....	1		
Tsingtao.....	Dec. 28-Jan. 27.....	3		
Cuba:				
Santiago.....	Dec. 7-13.....	1	1	
Egypt:				
Alexandria.....	Nov. 12-Dec. 31.....	28	12	Nov. 19-25, 1916: 1 case; Dec. 17-23, 1916: Cases, 4.
Do.....	Jan. 1-Feb. 11.....	129	25	
Cairo.....	June 11-July 1.....	275	142	
Do.....	July 2-Oct. 28.....	285	149	
Port Said.....	June 11-17.....	20	9	
Do.....	July 2-Oct. 14.....	10	8	
Germany:				
Berlin.....	Oct. 15-Dec. 23.....		7	
Bremen.....	Oct. 22-Dec. 30.....	1	3	
Do.....	Dec. 31-Jan. 13.....	1	2	
Frankfort-on-Main.....	Nov. 12-18.....		1	
Königsberg.....	Nov. 12-Dec. 23.....	5	5	
Do.....	Dec. 31-Jan. 20.....	5	2	
Nuremberg.....	Oct. 29-Nov. 11.....	3		
Stettin.....	Jan. 21-27.....		1	
Great Britain:				
Cork.....	Jan. 7-Feb. 3.....	1	1	
Glasgow.....	Dec. 3-30.....	4		
Do.....	Jan. 7-13.....		1	
Greece:				
Saloniki.....	Nov. 7-Dec. 25.....		36	
Do.....	Dec. 26-Jan. 1.....		9	
Java:				
East Java.....				Sept. 16-Nov. 3, 1916: Cases, 9.
Mid-Java.....				Sept. 16-Dec. 1, 1916: Cases, 65;
Samarang.....	Nov. 4-Dec. 1.....	10		deaths, 7.
West Java.....				Sept. 29-Dec. 11, 1916: Cases, 159;
Batavia.....	Sept. 29-Dec. 7.....	124	11	deaths, 12.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from Dec. 30, 1916, to Mar. 30, 1917—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Mexico:				
Aguascalientes.....	Dec. 22.....			Epidemic.
Ciudad Juarez.....				July, 1916-Feb. 5, 1917: Cases, 100 (estimated).
Durango.....	Dec. 12.....			Present.
Do.....	Jan.-Feb.....			Present. Estimated deaths daily, about 25. Present throughout year 1916.
Mexico City.....	Dec. 3-30.....	835		
Do.....	Dec. 31-Mar. 3.....	1,028		
Nuevo Laredo.....	Dec. 10-16.....	4		July 1-Dec. 16, 1916: Cases, 24.
Netherlands:				
Rotterdam.....	Nov. 26-Dec. 30....	8		
Russia:				
Archangel.....	Nov. 25-Dec. 29....	29	9	
Do.....	Jan. 1-14.....	16	11	
Moscow.....	Oct. 16-Dec. 10.....	92	13	
Petrograd.....	Oct. 8-Dec. 30.....	155	44	
Vladivostok.....	Jan. 22-28.....	1		
Spain:				
Madrid.....	Nov. 1-Dec. 31....		3	Jan. 1-Dec. 31, 1916: Deaths, 35.
Do.....	Jan. 1-31.....		2	
Sweden:				
Stockholm.....	Nov. 28-Dec. 4.....	1		
Do.....	Dec. 31-Jan. 6.....	3		
Switzerland:				
Zurich.....	Dec. 3-9.....	1		
Do.....	Jan. 1-31.....	3		
Tunisia:				
Tunis.....	Dec. 16-22.....	1		
Turkey in Asia:				
Haifa.....	Oct. 16-22.....	1		
Trebizond.....	Dec. 17-30.....	3	3	
Do.....	Dec. 31-Jan. 6.....		1	

YELLOW FEVER.

Brazil:				
Espirito Santo, State.....	Jan. 27-Feb. 3.....	11	4	
Ecuador:				
Babahoyo.....	Nov. 1-30.....	1	1	
Chobo.....	do.....	1		
Duran.....	Oct. 1-31.....	1		
Guayaquil.....	Sept. 1-Dec. 31....	46	24	
Do.....	Jan. 1-31.....	17	7	
Milagro.....	(Sept. 1-30.....	1		
Do.....	(Oct. 1-31.....	2	1	
Gold coast.....	Jan. 1-31.....	1		
				In 1915: Cases, 2; deaths, 2. European and native.